

UNITED STATES DISTRICT COURT  
DISTRICT OF NEW JERSEY


UNITED STATES OF AMERICA,	:	Docket No.: 07-00902
	:	
Plaintiff,	:	
	:	
v.	:	Criminal Action
	:	
	:	
STEVEN BYRD,	:	
	:	
Defendant.	:	
	:	<b><u>ORDER</u></b>
	:	

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This matter coming before this Court by Alexander W. Booth., attorney for defendant, Steven Byrd and Assistant United States Attorney, Jacob Elberg appearing on behalf of the government and the Court having considered the moving papers of counsel and it appearing that good cause is shown for entry of this Order

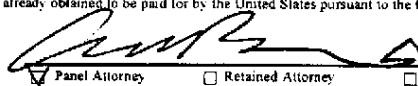
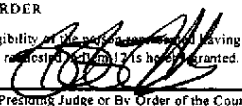
IT IS on this 28 day of March, 2008

**ORDERED** that the United States of America transfer the heroin in question for testing to, NMS Labs, 3701 Welsh Road, Willow Grove, Pennsylvania 19090, (215) 366-1328 attn: Susan O'Neill, per CJA 21 Voucher that was executed on December 20, 2007 (See Exhibit A).

  
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WILLIAM A. WALLS, USDJ

# EXHIBIT A

## CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES (Rev. 1/06)

1. CIR/DIST./DIV. CODE		2. PERSON REPRESENTED <b>Steven Byrd</b>		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER <b>07-3575-03</b>		4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) <b>US v. Steven Byrd</b>		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	
9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (See Instructions) <b>CC</b>			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. <b>Title 21, USC § 841(a)(1) and 841(b)(1)(C) and 18 U.S.C. § 2</b>					
<b>REQUEST AND AUTHORIZATION FOR EXPERT SERVICES</b>					
12. ATTORNEY'S STATEMENT As the attorney for the person represented, who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: <input checked="" type="checkbox"/> Authorization to obtain the service. Estimated Compensation and Expenses: \$ <b>9,000.00</b> OR <input type="checkbox"/> Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (Note: Prior authorization should be obtained for services in excess of \$500, excluding expenses) Signature of Attorney:  Date: <b>12/14/07</b> <input checked="" type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS <b>Alexander W. Booth</b> <b>512-42nd Street</b> <b>Union City, NJ 07087</b> Telephone Number: <b>201-816-4949</b>					
13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions) <b>see attached certification</b>			14. TYPE OF SERVICE PROVIDER 01 <input type="checkbox"/> Investigator 15 <input type="checkbox"/> Other Medical 02 <input type="checkbox"/> Interpreter/Translator 16 <input type="checkbox"/> Voice/Audio Analyst 03 <input type="checkbox"/> Psychologist 17 <input type="checkbox"/> Hair/Fiber Expert 04 <input type="checkbox"/> Psychiatrist 18 <input type="checkbox"/> Computer (Hardware/Software/Systems) 05 <input type="checkbox"/> Polygraph 19 <input type="checkbox"/> Paralegal Services 06 <input type="checkbox"/> Documents Examiner 20 <input type="checkbox"/> Legal Analyst/Consultant 07 <input type="checkbox"/> Fingerprint Analyst 21 <input type="checkbox"/> Jury Consultant 08 <input type="checkbox"/> Accountant 22 <input type="checkbox"/> Mitigation Specialist 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.) 23 <input type="checkbox"/> Duplication Services 10 <input checked="" type="checkbox"/> Chemist/Toxicologist (See Instructions) 11 <input type="checkbox"/> Ballistics 24 <input type="checkbox"/> Other (Specify) 12 <input type="checkbox"/> Weapons/Firearms/Explosive Expert 13 <input type="checkbox"/> Pathologist/Medical Examiner		
15. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in item 12 is hereby granted.  <b>20 Dec 07</b> Signature of Presiding Judge or By Order of the Court Date of Order: _____ Nunc Pro Tunc Date: _____ Repayment or partial repayment ordered from the person represented for this service at time of authorization. <input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>CLAIM FOR SERVICES AND EXPENSES</b>					
16. SERVICES AND EXPENSES (Attach itemization of services with dates)		AMOUNT CLAIMED		MATH/TECHNICAL ADJUSTED AMOUNT	
a. Compensation					
b. Travel Expenses (lodging, parking, meals, mileage, etc.)					
c. Other Expenses					
<b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>					
17. PAYEE'S NAME AND MAILING ADDRESS TIN: _____ Telephone Number: _____ CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____ CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee: _____ Date: _____					
18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case. Signature of Attorney: _____ Date: _____					
<b>APPROVED FOR PAYMENT — COURT USE ONLY</b>					
19. TOTAL COMPENSATION		20. TRAVEL EXPENSES		21. OTHER EXPENSES	
22. TOTAL AMOUNT APPROVED/CERTIFIED					
23. <input type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained. <input type="checkbox"/> Prior authorization was not obtained, but in the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$500. Signature of Presiding Judge: _____ Date: _____ Judge Code: _____					
24. TOTAL COMPENSATION		25. TRAVEL EXPENSES		26. OTHER EXPENSES	
27. TOTAL AMOUNT APPROVED					
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. § 3006A(e)(3) Signature of Chief Judge, Court of Appeals (or Delegate): _____ Date: _____ Judge Code: _____					

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEW JERSEY

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UNITED STATES OF AMERICA,

Plaintiff,

v.

STEVEN BYRD,

Defendant.

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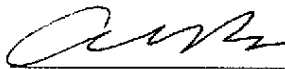
Criminal No.: 07-3575-03

**CERTIFICATION**

I, Alexander W. Booth, hereby certify as follows:

1. I am an attorney and represent the defendant Steven Byrd in this matter.
2. The United States' laboratory Report alleges that there were 60.6 grams of heroin involved in this matter with only 2.2 grams of actual heroin.
3. The relative guideline standard here is over 60 grams.
4. I intend to argue that there was less than 60 grams involved and need my own lab report to effectively make that argument.
5. This issue was put on the record during Mr. Byrd's guilty plea proceedings on November 8, 2007 where it was agreed that the defendant could proceed with this argument after securing an independent analysis.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false then I am subject to punishment.



ALEXANDER W. BOOTH, ESQ.

Dated: December 14, 2007